## MAIN STUDY - ROUND 10 COMMUNITY COMPONENT

## AC. PROVIDER PROBES/ACCESS TO CARE

| вох   | IF SP DECEASED OR INSTITUTIONALIZED, GO TO OM1. |
|-------|---|
| AC1AA |   |

THIS SECTION IS FOR SUPPLEMENTAL SAMPLE SPs AND SPs WHO DID NOT REPORT CURRENT ROUND ER, OP, AND/OR MP VISITS.

|      | a. SUPPLEMENTAL SAMPLE SPs GO TO ACINTRO. OTHERWISE, GO TO b.                                 |
|------|---|
|      | b. IF AC3-AC6 ALREADY ASKED THIS ROUND FOR CURRENT ROUND ER<br>VISIT, GO TO <b>BOX AC1C</b> . |
|      | IF AC3-AC6 NOT ASKED THIS ROUND, IF SP HAD ER VISIT ADDED                                     |
| BOX  | THROUGH CTRL/I, GO TO AC3-AC6 FOR MOST RECENT ER VISIT  |
| AC1A | REPORTED FOR THIS ROUND. IF SP DID NOT HAVE ANY ER VISITS THIS                                |
|      | ROUND, IF SP HAD AN ER VISIT IN THE 2 PREVIOUS ROUNDS, GO TO AC3-                             |
|      | AC6 FOR MOST RECENT ER VISIT REPORTED IN 2 PREVIOUS ROUNDS.                                   |
|      | IF AC3-AC6 NOT ASKED THIS ROUND, IF SP DID NOT HAVE ANY ER VISITS                             |
|      | IN CURRENT AND 2 PREVIOUS ROUNDS, GO TO <b>BOX AC1C</b> .                                     |

ACINTRO. The next questions are about different medical services (you/SP) may have used since (REF. DATE).

[PRESS ENTER TO CONTINUE.]

AC1. Since (REF. DATE), did (you/SP) go to a hospital emergency room for medical care?

| ERVISIT | YES        | 1  | (AC2) |
|---------|------------|----|-------|
|         | NO         | 2  | (AC8) |
|         | REFUSED    | -7 | (AC8) |
|         | DON'T KNOW | -8 | (AC8) |

AC2. Think about the most recent time (you/SP) went to a hospital emergency room. What condition or problem caused (you/SP) to go to the emergency room?

CONDTION CONDAC2

|                    |             | ne most recent time (you/SP) went to a nospital emergency room.  nave an appointment for (that visit?) / [(your/his/her) most recent visit to | the emergency room?          |
|--------------------|-------------|---|------------------------------|
|                    | ERAPPT      | YES   | 2 (AC4)<br>7 (AC4)           |
|                    |             | or other medical person working for a doctor tell (you/SP) that (you om for that visit?   | ı/he/she) should go to the   |
|                    | ERDRTEL     | YES   | 2                            |
|                    |             | e (you/SP) arrived until the time (you/he/she) left, about how long of om take altogether?  | did the visit to the hospita |
| ERVLUNT            |             | HOURS ONLY  |                              |
| ERVLHRS<br>ERVLMIN |             | a. NUMBER OF HOURS b, NUMBER OF MINUTES   |                              |
| AC6.<br>ERVWUNT    | MI          | that time was spent waiting before (you/SP) saw a doctor or some other DID NOT HAVE TO WAIT   | er medical person?           |
| ERVWHRS<br>ERVWMIN |             | a. NUMBER OF HOURS b. NUMBER OF MINUTES   |                              |
|                    | BOX<br>AC1B | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC7. OTHERWIS <b>AC1C</b> .  | SE, GO TO <i>BOX</i>         |

| AC7. (Were you/Was SP) admitted to the hospital from the emergency ro | SP) admitted to the hospital from the emergency room? |
|---|---|
|---|---|

| ERADMT | YES        | 1  |
|--------|------------|----|
|        | NO         | 2  |
|        | REFUSED    | 7  |
|        | DON'T KNOW | -8 |

a. SUPPLEMENTAL SAMPLE SPS GO TO AC8. OTHERWISE, GO TO b.

b.IF AC9-AC16 ALREADY ASKED THIS ROUND FOR CURRENT ROUND
OP VISIT, GO TO BOX AC1E.

BOX
ACIC

IF SP HAD OP VISIT ADDED THROUGH CTRL/I BEFORE MP, OR SP HAD OP
VISIT IN THE 2 PREVIOUS ROUNDS, GO TO AC9, AC12-AC16.

IF AC9-AC16 NOT ASKED THIS ROUND, IF SP DID NOT HAVE ANY OP VISITS
IN CURRENT AND 2 PREVIOUS ROUNDS, GO TO BOX AC1E.

AC8. Since (REF. DATE), did (you/SP) go to a hospital clinic or outpatient department? [DO NOT INCLUDE HOSPITAL INPATIENT STAYS.]

| OPDVISIT | YES        | 1  | (AC9)  |
|----------|------------|----|--------|
|          | NO         | 2  | (AC17) |
|          | REFUSED    | -7 | (AC17) |
|          | DON'T KNOW | -8 | (AC17) |

AC9. Think about the most recent time (you/SP) went to a hospital clinic or outpatient department. What was the reason (you/SP) went to the hospital clinic or outpatient department?

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

| OPDMCOND | MEDICAL CONDITION NAMED |    |
|----------|-------------------------|----|
| OPDTESTS | TESTS                   | .2 |
| OPDFOLUP | FOLLOWUP                | .3 |
| OPDCHKUP | CHECKUP                 | 4  |
| OPDRFRL  | REFERRAL                | 5  |
| OPDSURGY | SURGERY                 | 6  |
| OPDPSHOT | OTHER (SPECIFY)         | 91 |
| OPDTSHOT | REFUSED                 | 7  |
| OPDPMED  | DON'T KNOW              | 8  |
| OPDOTHER |                         |    |
| OPDOTHOS |                         |    |

| BOX<br>AC1D | IF SUPP. SAMPLE AND AC9 = "1" OR/AND "6", GO TO AC11. OTHERWISE, IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO AC10. IF SP NOT IN THE SUPPLEMENTAL SAMPLE, GO TO AC12. |  |
|-------------|--|--|
|-------------|--|--|

AC10. Was that for a specific condition?

| OPDSCOND | YES 1       | (AC11) |
|----------|-------------|--------|
|          | NO 2        | (AC12) |
|          | REFUSED7    | (AC12) |
|          | DON'T KNOW8 | (AC12) |

AC11. What (was the) condition (required to surgery?)

[ENTER ALL CONTITIONS.]

CONDITION CONDAC11

AC12. Did (you/SP) have an appointment for this visit to the hospital clinic or outpatient department or did (you/he/she) just walk in?

| OPDAPPT | APPOINTMENT1 | (AC13) |
|---------|--------------|--------|
|         | WALKED IN2   | (AC15) |
|         | REFUSED7     | (AC15) |
|         | DON'T KNOW8  | (AC15) |

AC13. Did someone at the hospital clinic or outpatient department tell (you/SP) when to come back during an earlier visit, or did (you/SP) call for an appointment?

| OPDDRTEL | TOLD TO COME BACK DURING  |   |        |
|----------|---------------------------|---|--------|
|          | EARLIER VISIT             | 1 | (AC15) |
|          | CALLED FOR AN APPOINTMENT | 2 | (AC14) |
|          | REFUSED                   | 7 | (AC15) |
|          | DON'T KNOW                | 8 | (AC15) |

| AC14. | How long did (you/SP) have to                                  | wait for the appointment about how many days, weeks, or months?  |        |  |
|-------|--|--|--------|--|
|       | OPDAWUNT   | DID NOT HAVE TO WAIT       .0       (AC15)         DAYS       .1       (a         WEEKS       .2       (b         MONTHS       .3       (c)         REFUSED      7 (AC15)         DON'T KNOW      8       (AC15)       | •      |  |
|       | OPDAWDAY   | a. NUMBER OF DAYS  |        |  |
|       | OPDAWWKS   | b. NUMBER OF WEEKS   |        |  |
|       | OPDAWMOS   | c. NUMBER OF MONTHS  |        |  |
| AC15. | From the time (you/SP) arrived outpatient department take alto | until the time (you/he/she) left, about how long did the visit to the hospital clingether?   | nic or |  |
|       | OPDVLUNT   | HOURS ONLY   |        |  |
|       | OPDVLHRS   | a. NUMBER OF HOURS   |        |  |
|       | OPDVLMIN   | b. NUMBER OF MINUTES   |        |  |
| AC16. | How much of that time was spe                                  | ent waiting before (you/SP) saw a doctor or some other medical person?   |        |  |
|       | OPDVWUNT   | DID NOT HAVE TO WAIT       0 BOX AC1E         HOURS ONLY       1 (a)         MINUTES ONLY       2 (b)         HOURS AND MINUTES       3 (a & b)         REFUSED       -7 BOX AC1E         DON'T KNOW       -8 BOX AC1E |        |  |
|       | OPDVWHRS   | a. NUMBER OF HOURS   |        |  |
|       | OPDVWMIN   | b. NUMBER OF MINUTES (GO TO IU1)   |        |  |

a. SUPPLEMENTAL SAMPLE SPS GO TO AC17. OTHERWISE, GO TO b.

\*FOR THE FOLLOWING, "MOST RECENT MP VISIT" IS DEFINED AS AN MP VISIT WHERE MP6a=2 OR MISSING AND PROVIDER ROSTER SPECIALTY (PROVSPEC)=2 (MD).

BOX
AC1E

b. IF SP HAD MP VISIT ADDED THROUGH MP, CTRL/I BEFORE MP, OR SP HAD MP VISIT IN THE 2 PREVIOUS ROUNDS AND AC21-AC28 NOT ASKED THIS ROUND, GO TO AC20, AC21, AC24-AC28.

IF AC21-AC28 NOT ASKED THIS ROUND, IF SP DID NOT HAVE ANY MP VISITS\* IN CURRENT AND 2 PREVIOUS ROUNDS, GO TO OM1.

AC17. (Have you/Has SP) ever been a resident or patient in a nursing home or similar place?

| NHRESEVR | YES        | 1  | (AC18) |
|----------|------------|----|--------|
|          | NO         | 2  | (AC19) |
|          | REFUSED    | -7 | (AC19) |
|          | DON'T KNOW | -8 | (AC19) |

AC18. When (were you/was SP) last a resident or patient in a nursing home or similar place?

NHLRESYM Month ( ) Year ( )
NHLRESYY

AC19. Next, I want to ask about (your/SP's) visits to doctors since (REF. DATE). (Have you/has SP) seen a medical doctor since (REF. DATE)?

 MDVISIT
 YES
 1 (AC20)

 NO
 2 BOX AC3

 REFUSED
 -7 BOX AC3

 DON'T KNOW
 -8 BOX AC3

AC20. Think about the most recent time (you/SP) saw a medical doctor somewhere other than at home or at a hospital. What was the doctor's specialty?

MDSPCLTY MDSPCLOS AC21. What was the reason (you/SP) saw the doctor?
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

| MDMCOND | MEDICAL CONDITION NAMED | 1  |
|---------|-------------------------|----|
| MDTESTS | TESTS                   | 2  |
| MDFOLUP | FOLLOWUP                | 3  |
| MDCHKUP | CHECKUP                 | 4  |
| MDRFRL  | REFERRAL                | 5  |
| MDSURGY | SURGERY                 | 6  |
| MDPSHOT | OTHER (SPECIFY)         | 91 |
| MDTSHOT | REFUSED                 | -7 |
| MDPMED  | DON'T KNOW              | -8 |
| MDOTHER |                         |    |
| MDOTHOS |                         |    |

BOX AC1F IF SUPP. SAMPLE AND AC21 = 1 AND/OR 6, GO TO AC23. OTHERWISE, IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO AC22; IF SP NOT IN THE SUPPLEMENTAL SAMPLE, GO TO AC24.

AC22./AC23. OMITTED

AC24. Did (you/SP) have an appointment for this visit with the medical doctor or did (you/he/she) just walk in?

| MDAPPT | APPOINTMENT | 1  | (AC25) |
|--------|-------------|----|--------|
|        | WALKED IN   | 2  | (AC27) |
|        | REFUSED     | -7 | (AC27) |
|        | DON'T KNOW  | -8 | (AC27) |

AC25. Did someone in the doctor's office tell (you/SP) when to come back during an earlier visit, or did (you/SP) call for an appointment?

| AC26. How long did (you/SP) have to wait for the appointment with the medical doctor about how many domonths? |                               |  | weeks, or   |
|---|-------------------------------|--|-------------|
|   | MDAWUNT                       | DID NOT HAVE TO WAIT       0 (AC27)         DAYS       1 (a)         WEEKS       2 (b)         MONTHS       3 (c)         REFUSED       -7 (AC27)         DON'T KNOW       -8 (AC27)                             |             |
| AC27.   | MDAWDAY MDAWWKS MDAWMOS       | a. NUMBER OF DAYS  b. NUMBER OF WEEKS  c. NUMBER OF MONTHS  until the time (you/he/she) left, about how long did this visit to the medical do  | o etor tako |
| AG21.   | altogether?                   | intilitine time (you/ne/sne) left, about now long did this visit to the medical do   | JCIOI lake  |
|   | MDVLUNT                       | HOURS ONLY       1 (a)         MINUTES ONLY       2 (b)         HOURS AND MINUTES       3 (a & b)         REFUSED       -7 (AC28)         DON'T KNOW       -8 (AC28)   |             |
|   | MDVLHRS<br>MDVLMIN            | a. NUMBER OF HOURS b. NUMBER OF MINUTES  |             |
| AC28.   | How much of that time was spe | nt waiting before (you/SP) saw a doctor or some other medical person   | ?           |
|   | MDVWUNT                       | DID NOT HAVE TO WAIT       0 (MP18)         HOURS ONLY       1 (a)         MINUTES ONLY       2 (b)         HOURS AND MINUTES       3 (a & b)         REFUSED       -7 (MP18)         DON'T KNOW       -8 (MP18) |             |
|   | MDVWHRS<br>MDVWMIN            | a. NUMBER OF HOURS b. NUMBER OF MINUTES GO TO BOX MP18.  |             |
|   | ll ll                         | SUPPLEMENTAL SAMPLE, GO TO <b>BOX HS1A</b> .<br>THE SUPPLEMENTAL SAMPLE, GO TO OM1.  |             |

AC29-AC31: MOVED TO SECTION HS.

AC32 OMITTED.